

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048274
6721 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 27 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN Kansas City	
Length of stay in 1b 3 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSPITAL		d. STREET ADDRESS 7919 Mercier	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph Wayne Tatro, Jr.		4. DATE OF DEATH Month Day Year December 10, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-63
9. AGE (last birthday) **		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ***		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ralph Wayne Tatro		13b. MOTHER'S MAIDEN NAME June Marie Womack	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **	
16. SOCIAL SECURITY NO.		17. INFORMANT June Womack Tatro, 7919 Mercier, K.C. Mo	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Disease Syndrome DUE TO (b) (Hyaline Membrane + Atelectasis) DUE TO (c) Prematurity + Caesarean Section		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days 2 1/2 days 2 1/2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Dec 8, '63 to Dec 10, '63 and last saw her alive on Dec 10, '63		Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Roy F. Garrison M.D.		22b. ADDRESS 6400 Prospect	
22c. DATE SIGNED 12-11-63		22d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-12-63	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	
24. FUNERAL DIRECTOR ADDRESS WORNALL FUNERAL HOME INC. K.C. MISSOURI		25. DATE RECD. BY LOCAL REG. 12-11-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Roy F. Garrison

USE BLACK INK
OR
TYPEWRITER RIBBON

Schell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.C. Resine

Licensed Embalmer No. 4879

P. O. Address W.C. Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Shuman